South Bend Police MSOS Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05-15-13	Address:	51500 S.R. 933 N.	
Incident #:	13-0422NB		South Bend, IN	
County:	St. Joe			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		Residence Outbuilding Vehicle	 ☐ Hotel/Motel ☒ Open No Structure ☒ Other: <u>Along side roadway</u> 	
<u>(check all that</u>	: <u>Location (bedroom, kitchen, open air, o</u> apply) r Birch Reaction(s);	e <u>te)</u>		
Red Phosphorous/Iodine Reaction(s):				
☑ Hydrochloric Acid Gas Generator(s); along side roadway				
j Flanmable Solvents:				
Waler Reactive Metal (Lithium):				
Anhydrous Aumonia:				
Corrosive Acid: along side roadway				
Corrosive Base: along side goadway				
Other (item and location):				
Vehicle Infar	mation:			
Owner: VIN: Year;		Make: Model:		
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		unclean Estimated len occurring;	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring;Additional Information:	
This report h	as been faxed* or emailed to the fol	lowing agencies tha	t serve the location;	
Fire Department City, Township or County Clay Fire Fax: 574-272-4043 Health Department County: St. Joe Co. Fax: 574-235-9497 Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7599			574-235-9497	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Sgt. Michael S. Suth</u> Phone <u>574-235-9406</u>				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services Hyled within 24 hours of scene processing.